

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086614

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ALL FLORIDA MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

ALL FLORIDA MEDICAL SUPPLIES  
601 N CONGRESS AE BLDG 6 UNIT 606  
DELRAY BEACH, FL 33445 US

## New Principal Place of Business:

ALL FLORIDA MEDICAL SUPPLIES  
2165B WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 US

## Current Mailing Address:

ALL FLORIDA MEDICAL SUPPLIES  
601 N CONGRESS AE BLDG 6 UNIT 606  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

ALL FLORIDA MEDICAL SUPPLIES  
2165B WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 US

FEI Number: 65-0536636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, DAVID  
601 N CONGRESS AVE BLDG 6 UNIT 606  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

FORD, DAVID  
2165B WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FORD, DAVID  
Address: 128 VAN GOGH WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DVP ( ) Delete  
Name: GUST, ALAN S  
Address: 16592 84TH COURT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DST ( ) Delete  
Name: GUST, ELLEN M  
Address: 16592 84TH COURT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE FORD

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date